

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-045330

STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11066

DO NOT WRITE
ON THIS STUB

AMENDED

FILED NOV 22 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY St. Louis

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION St. Lukes Hospital

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

25 Briarcliff

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)

First

Middle

Last

Samuel

Dozier

Conant

4. DATE OF DEATH

Month

Day

Year

November 7, 1963

5. SEX

Male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Jan. 11-1897 66

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 H

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Chairman of the Board,

10b. KIND OF BUSINESS OR INDUSTRY

Sligo Inc.

11. BIRTHPLACE (City and state or country)

St. Louis Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Theodore Pearson Conant

13b. MOTHER'S MAIDEN NAME

Lizzie Dozier

14. NAME OF HUSBAND OR WIFE

Elizabeth Bemis Conant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

yes

W.W.I and II

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Elizabeth B. Conant 25 Briarcliff

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma Rectum

INTERVAL BETWEEN ONSET AND DEATH

2 mo

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

154X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Cardiac arrest

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 11-4-63 to 11-7-63 and last saw him alive on 11-7-63

Death occurred at 4 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Carl E. Fischer M.D.

22b. ADDRESS

457 N. Kingshighway

22c. DATE SIGNED

11/8/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

23b. DATE

11-8-1963

23c. NAME OF CEMETERY OR CREMATORY

Oak Grove Crematory

23d. LOCATION (City, town, or county)

St. Louis County Missouri.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Lupton Chapel Inc. 7233 Delmar Blv'd.

25. DATE RECD. BY LOCAL REG.

NOV 8 1963

26. REGISTRAR'S SIGNATURE

Carl Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59
1
2 40.00
3
4 0
5 1
6
7 0
8 1
9
10
11
12 81-0
13

81

Dr. Carl Lischer
457 Kingshighway N.
N. ~~XXXXXX~~

1:30 to 4:00 P.M.

City, Vise.

*Not more costly
a beautiful body
Brown City, Cal.*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Not Embalmed.
J. Shupston

Licensed Embalmer No. *none*

P. O. Address *St Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.